

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention                                                                                                                                                                                                                                                                                                                                                                                       | SLATWALL LIGHTING SYSTEM |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|-------------|-------------|-----------------|-----------------|-----------|-------------|--------------------|-------------------|---------------------------------------------------|----------|----------------------------------------|------|------------------------|----|------------------------------------|----|---|--------------------------------------|--|--|--|
| Application Number :                                                                                                                                                                                                                                                                                                                                                                                     |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                   |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| First Named Applicant:                                                                                                                                                                                                                                                                                                                                                                                   | Mr. Mark Joseph          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Attorney Docket Number:                                                                                                                                                                                                                                                                                                                                                                                  | slatwall                 |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 434</b>                                                                                                                                                                                                                                                                                                                                                                       |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.                                                                                                                                                                                                                                                                                                                        |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Filing as small entity                                                                                                                                                                                                                                                                                                                                                                                   |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <b>BASIC FILING FEE</b>                                                                                                                                                                                                                                                                                                                                                                                  |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>                                                                                                            |                          |           |             |             | Fee Description | Fee Code        | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001              | 385                                               | 385      | Subtotal For Basic Filing Fees: \$ 385 |      |                        |    |                                    |    |   |                                      |  |  |  |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                          | Fee Code                 | Amount \$ | Fee Paid \$ |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Utility Filing Fee                                                                                                                                                                                                                                                                                                                                                                                       | 2001                     | 385       | 385         |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Subtotal For Basic Filing Fees: \$ 385                                                                                                                                                                                                                                                                                                                                                                   |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <b>EXTRA CLAIM FEES</b>                                                                                                                                                                                                                                                                                                                                                                                  |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 21</td><td>1</td><td>2202</td><td>9</td><td>9</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 9</td></tr></tbody></table> |                          |           |             |             | Fee Description | Extra Claim     | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 21 | 1                                                 | 2202     | 9                                      | 9    | Independent Claims : 3 | 0  | 2201                               | 43 | 0 | Subtotal For Extra Claims Fees: \$ 9 |  |  |  |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                          | Extra Claim              | Fee Code  | Amount \$   | Fee Paid \$ |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Total Claims : 21                                                                                                                                                                                                                                                                                                                                                                                        | 1                        | 2202      | 9           | 9           |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Independent Claims : 3                                                                                                                                                                                                                                                                                                                                                                                   | 0                        | 2201      | 43          | 0           |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Subtotal For Extra Claims Fees: \$ 9                                                                                                                                                                                                                                                                                                                                                                     |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <b>ASSIGNMENT FEES</b>                                                                                                                                                                                                                                                                                                                                                                                   |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4">Subtotal For Additional Fees: \$40</td></tr></tbody></table>               |                          |           |             |             | Fee Description | Property Number | Quantity  | Fee Code    | Amount \$          | Fee Paid \$       | Recording Each Patent Assignment Per Property Fee | 00000000 | 1                                      | 8021 | 40                     | 40 | Subtotal For Additional Fees: \$40 |    |   |                                      |  |  |  |
| Fee Description                                                                                                                                                                                                                                                                                                                                                                                          | Property Number          | Quantity  | Fee Code    | Amount \$   | Fee Paid \$     |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Recording Each Patent Assignment Per Property Fee                                                                                                                                                                                                                                                                                                                                                        | 00000000                 | 1         | 8021        | 40          | 40              |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Subtotal For Additional Fees: \$40                                                                                                                                                                                                                                                                                                                                                                       |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                    |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>                                                                                                                                                                                                                                                                                                    |                          |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Credit account number:                                                                                                                                                                                                                                                                                                                                                                                   | 2620                     |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Expiration Date (YYYYMMDD):                                                                                                                                                                                                                                                                                                                                                                              | 2006-10-31               |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Authorized name:                                                                                                                                                                                                                                                                                                                                                                                         | Glenn Webb               |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |
| Billing address:                                                                                                                                                                                                                                                                                                                                                                                         | 80202                    |           |             |             |                 |                 |           |             |                    |                   |                                                   |          |                                        |      |                        |    |                                    |    |   |                                      |  |  |  |